

Case Number:	CM13-0058907		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2005
Decision Date:	09/24/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old male who was injured on 7/7/2005. The diagnoses are low back, right shoulder and wrist pain. There are associated diagnoses of sleep apnea, hypogonadism, anxiety, depression, daytime sleepiness and chronic fatigue syndrome. There is documentation of opioid prescriptions from the ER and several doctors concurrently. On several occasions, the patient received Dilaudid and Percocet from the ER. On 9/25/2013, [REDACTED] prescribed Modafinil to treat excessive sedation and daytime sleepiness. The patient had received opioids and other sedatives from the pain doctor; [REDACTED] and the primary care doctor; [REDACTED]. The 3/21/2014 note by [REDACTED] was hand written with no detailed physical finding. The urine drug screen (UDS) on 5/29/2013 was inconsistent. Many medications are listed but the indications or the current status is unclear. The medications are Dilaudid, Trazodone, Fluoxetine, Valium, Lamotrigine, Tramadol, Nucynta and Modafinil.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CONZIP 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: MTUS Guidelines recommend that opioids and sedatives be weaned and discontinued in the presence of aberrant drug behaviors and severe adverse effects. The records indicate that the patient was obtaining opioids and other sedatives from the ER and many doctors concurrently. There are inconsistent UDS reports. There are severe opioid adverse effects including chronic fatigue, daytime somnolence, drowsiness, worsening sleep apnea and hypogonadism. The criteria for the use of ConZip; a Tramadol product with opioid effects was not met. As such, the request is not medically necessary.